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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	MSB-7273 PCT
First Named Inventor	Armen B. Shanafelt
<b>COMPLETE IF KNOWN</b>	
Application Number	/
Filing Date	
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**IL-2 Selective Agonists and Antagonists**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) **05/13/1999** as United States Application Number or PCT International

(if applicable).

Application Number **PCT/US99/10643** and was amended on (MM/DD/YYYY) **N/A**

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/160,077 09/080,080	05/14/1999 05/15/1998	<input type="checkbox"/>

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number \_\_\_\_\_ OR  Correspondence address below

Name **Melissa A. Shaw**

Address **Bayer Corporation**

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Country <b>US</b>	Telephone <b>(510) 705-7901</b>	Fax <b>(510) 705-7904</b>

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:  A petition has been filed for this unsigned inventor

Given Name <b>Armen B.</b> (first and middle [if any])	Family Name <b>SHANAFELT</b>
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Inventor's Signature 	Date <b>13 Nov 00</b>
--	-----------------------

Residence: City <b>Carmel</b>	State <b>IN</b>	Country <b>US</b>	Citizenship <b>US</b>
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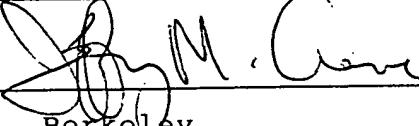
Mailing Address **355 Arbor Drive**

Mailing Address

City <b>Carmel</b>	State <b>IN</b>	ZIP <b>46032</b>	Country <b>US</b>
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NAME OF SECOND INVENTOR:  A petition has been filed for this unsigned inventor

Given Name <b>Jeffrey M.</b> (first and middle [if any])	Family Name <b>GREVE</b>
---	--------------------------

Inventor's Signature 	Date <b>11/14/00</b>
--	----------------------

Residence: City <b>Berkeley</b>	State <b>CA</b>	Country <b>US</b>	Citizenship <b>US</b>
---------------------------------	-----------------	-------------------	-----------------------

Mailing Address **1066 Park Hills Road**

Mailing Address

City <b>Berkeley</b>	State <b>CA</b>	ZIP <b>94708</b>	Country <b>US</b>
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Additional inventors are being named on the \_\_\_\_\_ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page \_\_\_\_ of \_\_\_\_

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Gary				JESMOK				
Inventor's Signature	<i>Gary J. Jeshok</i>						Date	11/21/00
Residence: City	Richmond	State	CA	Country	US	Citizenship	US	
Post Office Address	485 Carlton Street							
Post Office Address								
City	Richmond	State	CA	ZIP	94805	Country	US	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Kenneth J.				LEMBACH				
Inventor's Signature	<i>Kenneth J. Lembach</i>						Date	11/6/00
Residence: City	Danville	State	CA	Country	US	Citizenship	US	
Post Office Address	662 Park Hill Road							
Post Office Address								
City	Danville	State	CA	ZIP	94526	Country	US	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Gayle D.				WETZEL				
Inventor's Signature	<i>Gayle D. Wetzel</i>						Date	11-2-2000
Residence: City	Martinez	State	CA	Country	US	Citizenship	US	
Post Office Address	971 Center Avenue							
Post Office Address								
City	Martinez	State	CA	ZIP	94553	Country		

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PTO/SB/02C (3-97)

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## DECLARATION

### REGISTERED PRACTITIONER INFORMATION (Supplemental Sheet)

Name	Registration Number	Name	Registration Number
Jeffrey M. Greenman James A. Giblin Melissa A. Shaw	26,552 25,772 38,301		

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